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| *Half-time review/seminar – PhD-program in Technology and health* **Part B – Report** | |
| *PhD-student* | *Personal identity number* |
|  |  |
| **To be filled in by evaluators** | |
| *Activity, Progress and Quality of research project*  *Comments and recommendations for further planning* | |
|  | |
| *Courses – credits, planned courses*  *Comments and recommendations* | |
|  | |
| *Progress in accordance with the learning outcomes for the PhD-education and the individual study plan*  *Comments and recommendations* | |
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| *Extent and structure of supervision from main supervisor and co-supervisors*  *Comments and recommendations* | |
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| *Overall performance of the half-time review/seminar of the PhD-student including future plans*  *Comments and recommendations* |
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| *Ethical permits*  *Statement regarding suitability of ethical permits* |
|  |
| *We recommend that the research project is closely reviewed by the Director of 3rd cycle education*  *Comments and recommendations* |
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| ***Signatures evaluator(s)*** | |
| *Evaluator* | *Date* |
|  |
| ………………………………………………………………………… | *Printed name* |
|  |
| *Evaluator* | *Date* |
|  |
| ………………………………………………………………………… | *Printed name* |
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***The main supervisor is responsible to send the original of the protocol to PhD-admin   
(***[***phdadmin@cbh.kth.se***](mailto:phdadmin@cbh.kth.se)***) and copies to the PhD-student and all supervisors.***

***Signature Director of 3rd Cycle Studies***

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| *Director of 3rd cycle studies* | *Date* |
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| …………………………………………………………………………… | *Printed name* |
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